

Congress of the United States
Washington, DC 20515

November 1, 2022

Governor Glenn Youngkin
Office of the Governor
P.O. Box 1475
Richmond, VA 23218

Dear Governor Youngkin:

We write regarding your administration's preparations for the end of the continuous coverage requirement of Medicaid enrollees. As you know, the Families First Coronavirus Response Act (FFCRA) provided an increase in the Federal Medical Assistance Percentage (FMAP) to states that met certain maintenance of eligibility requirements during the COVID-19 Public Health Emergency (PHE), including a requirement to provide continuous enrollment for most Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. When the COVID-19 PHE expires, states will return to regular enrollment and eligibility operations, a transition that will impact over two million Virginians, representing one of the most significant health care transitions in the Commonwealth in recent years.

The Centers for Medicare and Medicaid Services (CMS) has issued guidance that stipulates states have up to 12 months when the PHE ends to initiate renewals for all Medicaid and CHIP enrollees. CMS has also provided multiple national tools to assist with planning efforts and mitigate the significant challenges garnered by this process to prevent loss of coverage for enrollees. However, the outcomes for families will vary markedly depending on the state where they live and how well the state government handles the transition. It is, therefore, crucial that your administration acts now to prevent the inappropriate loss of coverage for kids and families throughout the Commonwealth.

While we appreciate the steps you have taken, including Secretary John Littel's May 12, 2022, letter to the Virginia Congressional Delegation, we remain gravely concerned about ensuring Virginians continue to have access to quality, affordable health care during and following this transition. We are particularly concerned by several aspects of the process in the Commonwealth, including ensuring families and community partners receive clear, accessible, and timely information.

To accomplish this goal, we urge you to work closely with federal, state, local, Tribal, and community partners. As many individuals who remain eligible for coverage do not have up-to-date contact information and, therefore, will not receive the necessary materials on steps to retain their coverage during unwinding, these efforts should include a comprehensive outreach and communications plan. For example, experts have encouraged states to utilize the USPS National Change of Address database, conduct outreach campaigns, work with managed care organizations, follow up on returned mail, and utilize a variety of communication methods, including mail, email, phone, text, and Public Service Announcements to increase the response rate and ease the burden of the renewal process. Furthermore, we encourage you to provide robust and clear communication with care providers and clinics, local health departments, social service agencies, managed care health plan issuers, and community partners such as schools and places of worship to ensure they can provide this information to the community.

The accompanying information to Secretary Littel’s letter states that up to 20 percent of Medicaid enrollees in the Commonwealth may lose coverage, in addition to those who may lose and regain coverage during the unwinding. We urge you to take all the necessary steps to ward against these devastating losses in coverage for individuals, most of whom will still qualify for coverage either through Medicaid or the Marketplace, including by expanding and supporting Department of Medical Assistance staff capacity in preparation for the significant increase in workload. It is critical that you work with federal, state, local, Tribal, and community partners to effectively maintain coverage for eligible beneficiaries and provide a seamless transition to other coverage options for those who are no longer eligible for the programs to avoid gaps in or loss of coverage.

Finally, having reliable and accurate data on the unwinding process, both during and upon its completion, will be a crucial component in identifying community health care needs. Therefore, we ask that you share your administration’s plans to monitor and report key metrics during and at the completion of the unwinding period, including information on disproportionately impacted communities and pregnant or postpartum families.

While CMS has provided significant guidance and resources to support states in ensuring enrollees maintain continuous coverage during the unwinding period, the steps taken by your administration will determine whether or not many Virginians have access to critical health care services. As such, we look forward to your response with detailed information on our aforementioned concerns.

Sincerely,



Jennifer Wexton
Member of Congress



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Member of Congress



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